Statement of

Brenda Dintiman, MD, FAAD
Fair Oaks Skin Care Center
Fairfax, VA

On

"Telemedicine: A Prescription for Small Medical Practices?"

Before the
United State House Small Business Committee
Subcommittee on Health and Technology

July 31, 2014

American Academy of Dermatology Association
Excellence in Dermatology™

1445 New York Ave., NW,
Suite 800
Washington, DC 20005-2134

Main: 202.842.3555
Fax: 202.842.4355
Website: www.aad.org

U.S. House Small Business Committee
Subcommittee on Health and Technology
Hearing on
"Telemedicine: A Prescription for Small Medical Practices"
July 31, 2014

Chairman Collins and Ranking Member Hahn, as a fellow of the American Academy of Dermatology Association (Academy), which represents more than 13,000 dermatologists nationwide, and a past president of the Medical Society of Northern Virginia, I commend you for holding a hearing on how new technologies and advances in telemedicine can further efficiency, quality, and access to health care. We applaud you for raising awareness of this care delivery model and look forward to working with you to ensure that our patients can benefit from advances in telemedicine, while also receiving high-quality, timely, cost-efficient care.

I am here today to discuss barriers of implementing telemedicine as a modality of care. Specifically, lack of reimbursement and cumbersome credentialing pose the greatest challenges. Although some reimbursement exists, it is not consistent across payers or across states to allow for proper patient access. To place this issue in context however I would like to first discuss who I am and who I am here on behalf of. The Academy is a leader in supporting the expansion of telemedicine, while ensuring quality of care is delivered. As dermatology is a visual specialty, it lends itself well to telemedicine in various patient scenarios.

Telemedicine is an innovative, rapidly evolving method of care delivery. The Academy supports the appropriate use of telemedicine as a means of improving access to the expertise of Board certified dermatologists to provide high-quality, high-value care. Teledermatology services are valuable means of improving patient care to underserved patients with limited access to specialty care, as a triage tool to determine which cases need to be seen in person most urgently, or as a platform to deliver care to those who are unable to receive the benefits of face-to-face dermatology visits. As the field of telemedicine continues to grow, there is significant potential to improve access to care coordination and communication between other specialties and dermatology.

While teledermatology is a viable option to deliver high-quality care to patients in some circumstances, the Academy supports the preservation of a patient's choice to have access to in-person dermatology services. Teledermatology providers choose between or combine two fundamentally different care delivery platforms (Store-and-Forward vs. Live Interactive), each of which have strengths and weaknesses. Live interactive teledermatology takes advantage of videoconferencing as its core technology. Participants are separated by distance, but interact in real time. Store-and-forward teledermatology refers to a method of providing asynchronous consultations to referring providers or patients. A dermatologic history and a set of images are collected at the point of care and transmitted for review by the dermatologist. In turn, the dermatologist provides a consultative report back to the referring provider or patient at the point of care.

As a provider who runs a small dermatology practice in Northern Virginia, I currently utilize DermUtopia for the provision of telemedicine. This is a HIPAA compliant, mobile phone and web-based application. Through this application, I am able to evaluate and treat both my patients and those who do not have a primary dermatologist. We are also currently in discussions with the safety-net and federally qualified health clinics in the area, and hope to use this store-and-forward application to provide care for their patients in the near future.

Some of these clinics will refer patients that they see through Project Access of Northern Virginia, a program of the Medical Society of Northern Virginia Foundation that provides specialty medical care to low-income, uninsured safety-net patients who reside in Northern Virginia. Additionally, we are aiming to treat Medicaid patients through DermUtopia. However, there have been delays in an ability to solidify funding, despite the fact that Medicaid has approved reimbursement for telehealth services.

I have faced several barriers to most effectively providing care via telemedicine. While I face these barriers as a physician, it is ultimately the patients – often the most economically vulnerable – that are the most directly affected. The largest barrier as noted is reimbursement for telehealth services. Without assured reimbursement, providers and patients are unlikely to utilize telehealth. While Virginia law addresses coverage for telehealth services, this does not guarantee access with all private insurance and many states do not have similar policies. Provider knowledge and use of teledermatology is often limited in these areas. Congress can help set the stage for larger-scale reimbursement by, for example, enabling Medicare to reimburse for telemedicine services.

Appropriate reimbursement for these physician services could be implemented in a variety of contexts. The Academy believes that retaining state-based licensure is the best way to preserve accountability and protect patients. However, we do favor changes, such as the Compact proposed by the Federation of State Medical Boards, which would make it easier for doctors to be licensed in multiple states. Support for studies of existing health systems that could show the impact of teledermatology on access, quality and cost of care in healthcare ecosystems would be beneficial. This would be pivotal in assessing the value of telemedicine and a great step in the goal of removing reimbursement as the biggest hindrance to the proliferation of telemedicine

The benefits of such reimbursement would be widespread. Teledermatology can save a patient time missed from work, travel time, and, in the correct clinical context, allows for timely diagnosis and treatment when face-to-face care is unavailable or inaccessible. While teledermatology has been traditionally used to increase access in remote or underserved areas, it indeed has great potential for serving a great variety of patients with dermatology care issues. For instance, insured patients in urban areas may face similar access delays or issues as those in geographically remote areas, and therefore benefit from teledermatology.

I have seen first-hand a number of patients that could have had the consultation done virtually and prevented an onerous trip to the office, or to urgent care. For example, included are specific patients who could have a teledermatology consultation and receive treatment at their home or facility. An 89 year old woman who lives alone at home, with no family in the area, and who would need to be brought to the doctor via wheelchair and transport vehicle, may be more easily evaluated via telemedicine. A nursing home patient with dementia, who requires a nursing aid and transportation and coordination costs from the nursing home to evaluate multiple growths, could be evaluated via teledermatology. Finally, a 2 year old with severe eczema and infections who cannot get in to see a dermatologist due to lack of access to a Medicaid dermatologist and inability for parents to transport her during their work hours across the city, two bus rides away, could be evaluated and/or monitored via teledermatology.

Many large health systems, including the Veterans Affairs (VA) and Kaiser Permanente, are reimbursed for their services and use telemedicine with great benefit. These programs help to improve access to dermatologic consultations within their integrated health system and reduce the turnaround time from referral to diagnosis. Additionally, a recent study by researchers at

the University of Pennsylvania looked at individuals who were in the hospital who needed a doctor's assessment for a skin problem. All of the participants had an in-person consultation with a doctor, and the researchers also sent photos of their skin conditions to two independent dermatologists remotely. They discovered a 90% agreement for recommendations to be seen in person and a 95% agreement in recommendations for biopsy between the in-person and remote doctors. Finally, emergency setting studies have shown a high patient acceptance rate of teledermatology and that it can provide rapid and accurate diagnostic and treatment advice from a dermatologist. This is especially vital in the cases of commonly misdiagnosed dermatologic conditions.

Overall, telemedicine provides a modality of care which can expand access to medical specialists, such as dermatologists, but barriers to implementation remain. Most notably issues of proper credentialing and reimbursement exist to varying degrees across states. These barriers impact providers but ultimately can hinder patient access to care. I, as well as the Academy, appreciate the subcommittee's continued leadership on this issue, and look forward to working with your office to ensure that patients can benefit from high-quality, timely, cost-efficient care via telemedicine.

---

http://archderm.jamanetwork.com/article.aspx?articleid=1829638

[1] http://www.medscape.com/viewarticle/455635

[1] http://www.ncbi.nlm.nih.gov/pubmed/21995470

[1] http://archderm.jamanetwork.com/article.aspx?articleid=1865056

[1] http://www.nursingcenter.com/lnc/static?pageid=942376